FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruct	_	Office use only		
NAME OF COMMITTEE (in a	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
Arizona Reput	oliçan Party			1	
ADDRESS (number and	3501 North 24th Str	reet			
(Check if address is changed)	Phoenix		AZ 85016 _		
COMMITTEE'S E-MAI	I ADDRESS	CITY▲	STATE▲ ZIP CODE ₄	L	
				1	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	1111111			
		111111111		لــــا	
			1111111111		
COMMITTEE'S FAX N	IUMBER				
للا لللا	لــــا لــ				
2. DATE 0.2	05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICATION NUMBER C C00008227					
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)					
I certify that I have exami	ned this Statement and to the best of my ki	nowledge and belief it is true, correct	and complete		
Type or Print Name of	Treasurer Timothy Lee				
Signature of Treasurer	Electronically Filed by Timothy	Lee	Date 02 / 05 / Y	^Y 2 0 0 7	
NOTE: Submission of fal	·	nay subject the person signing this SI	atement to the penalties of 2 U.S.C. S437g.		
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-953	ission FEC FORIVI		

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Party Affiliation Office Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		emocratic, publican,etc.) Party. and or party					
3.	Name of Any Connected Organization or Affiliated Committee						
L							
L							
	Mailing Address						
	CITY STATE STATE	ZIP CODE A					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	on					
	Membership Organization Trade Association Cooperative						

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Write or Type Committee Name			
Arizona Republican Party			
 Custodian of Records: Identify be possession of Committee books 	by name, address, (phone number s and records.	optional), and position of th	ne person in
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
		Telephone number	
3. Treasurer: List the name and a name and address of any design Full Name of Treasurer Timothy Lee	ddress (phone number optional) of nated agent (e.g., assistant treasurer	the treasurer of the commi).	
Mailing Address	410 N. Marshall St.		
	Casa Grande	AZ	85222
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treasurer		Telephone number	
			4210333
Full Name of Designated Agent			421 0333
Full Name of Designated			421 0333
Full Name of Designated Agent	CITY A	STATE A	421 0333

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9.	Banks or Other Depositorions safety deposit boxes or maint	accounts, rents	
	Name of Bank, Depository, e	tc.	
	M & I	Thunderbird Bank	
	Mailing Address	1 E Camelback Rd.	
		Phoenix AZ	85012
		CITY 🛆 STATE 🗸	ZIP CODE △